# DEFERRAL OR WAIVER OF FEES AND COSTS



#### Packet #12



These forms must not be used to engage in the unauthorized practice of law. The court is not responsible for (1) actions taken by the users of these forms or (2) their reliance upon the instructions or information provided.

### **GENERAL INFORMATION & Frequently Asked Questions**

#### What court fees and costs are charged?

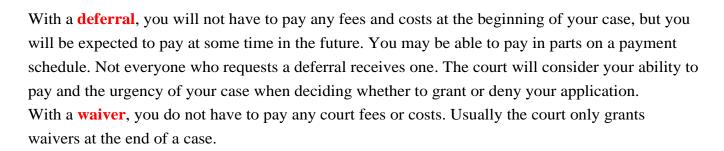
There are expenses in a court case. You are charged fees when you file certain court papers, such as petitions, and when you serve the other party. To find out the exact fees and costs for your case, contact the clerk of the court at (520) 724-3200.

#### Who pays the court costs?

Usually the person filing documents or asking for service pays the fees and costs. Sometimes, at the end of your case, the court might other the other party to pay you back for some or all the court fees and costs.

#### What if I cannot pay the fees and costs?

If you cannot pay the court fees and costs, you can request a deferral or a waiver using this packet.



#### If you receive a deferral at the beginning of your case, you can still ask for a waiver later.

This packet contains three forms and the instructions for completing them:

- Application for Deferral / Waiver of Court Costs / Fees
- Affidavit in Support of Application for Deferral / Waiver of Service of Process Fees
- Order Regarding Deferral / Waiver

#### Do I need a lawyer's help?

There are times when more complex legal problems will come up, and you may want to get the advice of a lawyer. There are lawyers who will help you help yourself. This means that they will



only charge you for giving you the help that you need: you can complete the court forms on your own or ask the lawyer for help.

For more information, call the Law Library and Resource Center at (520) 724-8456.

This symbol is a warning. It can mean a few different things:



- The topic can be confusing and you may need to ask a lawyer for help
- You may need to make sure that something is done

Whenever you see this symbol, *make sure* you read the information carefully and understand it fully.

#### What do I do after I complete the forms?

After completing the forms using the instructions in this packet, you must file the forms with the court. The clerk of the court is located on the first floor of the Superior Court Building [110 West Congress, Tucson, AZ 85701. The office is open 8 am to 5 pm, Monday through Friday, except legal holidays]. Arrive at the court at least an hour before it closes.

The clerk will take your original forms, stamp them, and send them to a judge for review.

IN MOST CIRCUMSTANCES YOU SHOULD FILE YOUR REQUEST FOR DEFERRAL / WAIVER AT THE SAME TIME AS YOU FILE YOUR PETITION OR RESPONSE, BUT IF YOU ARE OPENING A BRAND-NEW CASE YOU MAY NEED TO WAIT 5-7 BUSINESS DAYS FOR THE PROCESSING OF THE DEFERRAL APPLICATION BEFORE FILING YOUR PETITION OR COMPLAINT. CHECK WITH THE CLERK FOR DETAILS.



# Instructions for Completing Application for Deferral / Waiver of Court Fees / Costs

#### The Caption

- Personal information Write your name, street address, city, state, ZIP code, telephone number.
- Attorney Bar Number & Attorney E-mail Address leave blank, since you are not represented by an attorney.
- o **Representing** Check "Self (Without an Attorney)"
- Case No. Enter your Superior Court Number, found on the Petition. If you are the petitioner filing this at the same time as your Petition, leave this blank until the clerk assigns you a case number.
- o **Petitioner** Enter the Petitioner's name.
- **Respondent** Enter the Respondent's name.

#### 1. DEFERRAL

If you already receive assistance from the government in the form of Temporary Assistance to Needy Families (TANF), Food Stamps, or Legal Aid Services,

- o Check "DEFERRAL" **AND** the service(s) you receive
- Attach proof of assistance. The document(s) must show your name and the name of the agency.

#### 2. WAIVER

If you already receive government assistance from the federal Supplemental Security Income (SSI) program, or Legal Aid Services

- o Check "WAIVER" **AND** that you receive SSI or Legal Aid Services
- Attach proof of assistance. The document(s) must show your name and the name of the agency.



IF YOU CHECKED ANY BOXES IN PARTS 1 OR 2, you <u>do not</u> need to complete the Financial Questionnaire. Go directly to "OATH OR AFFIRMATION" on page 3.

#### 3. FINANCIAL QUESTIONNAIRE

#### SUPPORT RESPONSIBILITIES

• Write the name of each person you support and their relationship to you. This includes your children that live with you (natural or adopted), children for whom you pay child support, and people to whom you pay spousal maintenance.

#### STATEMENT OF INCOME AND EXPENSES

- Write the name of your employer (if you are employed)
- o Write your employer's telephone number
- Check if you are unemployed
- o On the lines, explain why you are unemployed
- Write your gross income from last year (before deductions)

#### MONTHLY INCOME

#### Write

- o Your total monthly gross income (before deductions)
- o Your spouse's monthly gross income (before deductions), only if you have access to it
- Any other monthly income payments you receive, including from spousal maintenance, child support, retirement, rentals, interest, and lottery winnings.
- o Add the amounts in the three lines above to determine your **Total Monthly Income**.
  - Write the amount on the line

#### MONTHLY EXPENSES AND DEBTS

For each item, write the amount you pay <u>monthly</u> and the balance of any loans. Your amounts must be accurate statements of actual expenses.

Write the amount you pay monthly for:

- o Rent or mortgage payment (and any loan balance)
- Car payment (and any loan balance)
- Credit card payments (and any loan balance)
- o Other payments & debts (and any loan balance)
  - Explain these payments & debts on the line at the bottom of this section. Attach an additional page if needed.
- Household expenses
- o Utilities, telephone, and cable bills
- o Medical, dental, and medication expenses
- Health insurance

- Nursing care
- o Tuition
- Child support
- o Child care
- o Spousal maintenance
- o Car insurance
- Transportation
- Other expenses
  - o Explain these other expenses on the line. Attach an additional page if needed.
- o Add the amounts in this section to determine your **Total Monthly Expenses**.
  - o Write the amount on the line

#### STATEMENT OF ASSETS

Here you should only list assets that you have access to without having to pay a penalty (such as an early withdrawal fee).

Write the estimated total values for

- Cash and bank accounts
- Credit union accounts
- Other liquid assets
- o Add the amounts in this section to determine your **Total Assets**.
  - Write the amount on the line

#### **BASIS FOR THE REQUEST**

#### **Deferral**

If you can't pay the court fees and costs now, but you may be able to at a later date:

o Check "DEFERRAL"

#### Check

 A, if your total monthly income is barely enough to pay for the daily essentials of life because it is 150% or less of the current federal poverty level.\*

#### OR

- o B, if you do not have the money to pay court fees and costs now but will later.
  - o Explain your situation on the lines.

#### OR

o C, if your total monthly income is greater than 150% of the current federal poverty level, but you have extraordinary expenses that make your *actual* monthly income 150% or less of the

poverty level.\*

- Describe these expenses and write their amounts on the lines.
- o Add the amounts in this section to determine your **Total Extraordinary Expenses.**
- Write the amount on the line.

\*To view the current federal poverty levels, visit aspe.hhs.gov/poverty/index.cfm.

#### Waiver

If you are permanently unable to pay court costs and fees because your income and liquid assets are barely enough to pay for the daily essentials of life **AND** your situation is not likely to change in the foreseeable future:

o Check "WAIVER"



If your financial situation changes, you must tell the court. Even if you cannot pay now, you must pay later if you have the money to do so.

#### **Consent to Judgment**

When you sign the Application for Deferral / Waiver of Court Fees / Costs you are also **giving** your consent for the court to enter a judgment against you for all the fees and costs that were deferred (and not ordered to be paid by another party) that remain unpaid thirty (30) days after your final decree or judgment is entered.

If you are still unable to pay these fees and costs at the end of your case, see the clerk of the court for forms to a Supplemental Application for Deferral / Waiver of Court Fees / Costs. You can use these same instructions to guide you in completing the Supplemental Application.

If you have a deferral or waiver of costs and fees because you are receiving government assistance, and you are still receiving government assistance when your case is completed, you do not have to complete the Supplemental Application. There is a presumption that the court will waive your costs & fees.

#### **OATH OR AFFIRMATION**

In signing this application, you promise that everything in the form is correct.

**DO NOT SIGN or date** the form except in front of a notary. When you file the papers with the court, sign the form in front of the clerk. The clerk will notarize your signature for free. You must bring a <u>valid</u>, government-issued picture <u>ID</u> (such as a driver's license) so the clerk knows whose signature is being verified.

You can write your name on the line above "Applicant's Printed Name," but do not sign.

#### TABLE OF INCOME LEVELS OF THE CURRENT FEDERAL POVERTY LEVELS AS OF JANUARY 13, 2021, for the 48 Contiguous States and the District of Columbia

(Figures are rounded to the nearest dollar.)

Household Size (all related individuals)	Gross Monthly Income Level 150%	Gross Monthly Income Level 175%	Gross Monthly Income Level 200%	Gross Monthly Income Level 225%
1	\$1,698	\$1,981	\$2,265	\$2,548
2	\$2,288	\$2,670	\$3,051	\$3,433
3	\$2,878	\$3,358	\$3,838	\$4,318
4	\$3,468	\$4,046	\$4,625	\$5,203
5	\$4,058	\$4,735	\$5,411	\$6,088
6	\$4,648	\$5,423	\$6,198	\$6,973
7	\$5,238	\$6,111	\$6,985	\$7,858
8*	\$5,828	\$6,800	\$7,771	\$8,743

<sup>\*</sup>For family units with more than 8 members, add \$590 for each additional member at the 150% level, \$689 at the 175%, \$786 at the 200% level, and \$885 at the 225% level.

Table revised 01/26/22

 $\textbf{Source:}\ \underline{https://www.govinfo.gov/content/pkg/FR-2021-02-01/pdf/2021-01969.pdf}$ 

Per	rson Filing:	
Ad	dress (if not protected):	
Cit	y, State, Zip Code:	
Te	lephone:	
En	nail Address:	
ΑТ	LAS Number:	
La	wyer's Bar Number:	
Re	presenting   Self, without a Lawyer or	<del></del>
	Attorney for $\square$ Petitioner OR $\square$ Respondent	
	reconcy for in relationer on in respondent	
	ARIZONA SUPERIOR CO	URT, PIMA COUNTY
		Case No
	Petitioner	
and		APPLICATION FOR DEFERRAL
		OR WAIVER OF COURT FEES
	Respondent	OR COSTS AND CONSENT TO
		ENTRY OF JUDGMENT
subproduction separatter defe to production apply part	requesting a deferral or waiver of all fees included one one certified copy of a temporary order in the triangle of the record on a scribers, service of process costs, and/or service or attention of the record on a scribers, service of process costs, and/or service or attention of the process costs, or send and a scriber of the decimal program required by A transfer or waiver because I am a participant in a go rovide proof at the time of filing. The document of the benefit and the name of the agenticants must complete the financial question of the programs in section 1 or incial questionnaire, and can proceed to the signal of the process.	a family law case, one certified copy of the ppeal, court reporter's fees of reporters or by publication costs. (I have completed the ferral or Waiver of Service of Process Fees ervice by publication costs), and the costs of R.S. § 25-352. I understand that if I request vernment assistance program, I am required at(s) submitted must show my name as the acy awarding the benefit. Note. All other naire beginning at section 3. If you are a 2 (below), you do not need to complete the gnature page.
1.	<ul> <li>□ <u>DEFERRAL</u>: I receive government assistant below or am represented by a not for profit leg</li> <li>□ Temporary Assistance to Needy Familie</li> <li>□ Food Stamps</li> <li>□ Legal Aid Services</li> </ul>	al aid program:
2.	<ul> <li>□ WAIVER: I receive government assistance am represented by a not for profit legal aid pro</li> <li>□ Assistance from the federal Supplementa</li> <li>□ Legal Aid Services</li> </ul>	gram.

#### 3. FINANCIAL QUESTIONNAIRE

**SUPPORT RESPONSIBILITIES.** List all persons you support (including those you pay child support and/or spousal maintenance/support for):

NAME	RELATIONS	НІР					
STATEMENT OF INCOME AND EXPENSES							
Employer name:							
Employer phone number:							
☐ I am unemployed (explain):							
My prior year's gross income:		\$					
MONTHLY INCOME							
My total monthly gross income: My spouse's monthly gross income	e (if available to me):	\$\$ 					
Other current monthly income, income, and support, retirement, rental, in winnings:		2					
TOTAL MONTHLY INCOME		\$					
MONTHLY EXPENSES AND DEBTS	S: My monthly expenses and	debts are:					
	PAYMENT AMOUNT						
Rent/Mortgage payment	\$	\$					
Car payment	\$	\$					
Credit card payments	\$						
Other payments & debts (explain)	\$	\$					
Household	\$						
Utilities/Telephone/Cable	\$						
Medical/Dental/Drugs	\$						
Health insurance	\$						
Nursing care	\$						
Tuition	\$						
Child support	\$						
Child care	\$						
© Superior Court of Arizona in Pima County	Page 2 of 4	Last undated 5/23/2022					

	Spor	usal maintenance	\$	
	Car	insurance	\$	
	Tran	sportation	\$	
	Othe	er expenses (explain)	\$	
	TO	ΓAL MONTHLY EXPEN	SES	\$
		IENT OF ASSETS: List of benalty.	nly those assets available to	you and accessible without
			ESTIMATED VAI	LUE
	Casl	n and bank accounts	\$	
	Cred	lit union accounts	\$	
	Othe	er liquid assets	\$	
	TO	ΓAL ASSETS		\$
and includes no allotmen required to gain access to t is 150% or less of the cur includes your share of con  B. □ I do not have the mone filing fees and/or costs at a		DEFERRAL:  ☐ My income is insufficition and includes no allotme required to gain access to is 150% or less of the curincludes your share of co.  ☐ I do not have the month filing fees and/or costs at	nt that could be budgeted the court. My gross income arrent federal poverty leve mmunity property income OR ley to pay court filing fees a later date. Explain.  OR	o meet the daily essentials of life, for the fees and costs that are as computed on a monthly basis l. (Note: Gross monthly income if available to you.)  and/or costs now. I can pay the erty level, but I have proof of
		extraordinary expenses (i disabled family members 150% or below the pover DESCRIPTION OF EX	ncluding medical expenses ) or other expenses that red ty level.  PENSES	and costs of care for elderly or uce my gross monthly income to  AMOUNT  \$\$  \$\$
		TOTAL EXTRAORDI	NARY EXPENSES	\$

#### 5. $\square$ WAIVER:

I am permanently unable to pay. my income and liquid assets are insufficient or barely sufficient to meet the daily essentials of life and are unlikely to change in the foreseeable future.

#### **IMPORTANT**

This "Application for Deferral or Waiver of Court Fees or Costs" includes a "Consent to Entry of Judgment." By signing this Consent, you agree a judgment may be entered against you for all fees and costs that are deferred but remain unpaid thirty (30) calendar days after entry of final judgment. At the conclusion of the case, you will receive a Notice of Court Fees and Costs Due indicating how much is owed and what steps you must take to avoid a judgment against you if you are still participating in a qualifying program. You may be ordered to repay any amounts that were waived if the Court finds you were not eligible for the fee deferral or waiver. If your case is dismissed for any reason, the fees and costs are still due.

**CONSENT TO ENTRY OF JUDGMENT.** By signing this Application, I agree that a judgment may be entered against me for all fees or costs that are deferred but remain unpaid thirty (30) calendar days after entry of final judgment.

#### **OATH OR AFFIRMATION**

I declare under penalty of perjury that	at the foregoing is true and correct.		
Date	Signature		
	Applicant's Printed Name		
Date	Judicial Officer, Deputy Clerk, or Notary Public		
My Commission Expires/Seal:			



# Instructions for Completing Affidavit in Support of Application for Deferral / Waiver of Service of Process Fees

THIS AFFIDAVIT IS REQUIRED if you are requesting a deferral or waiver of fees for service of process. You must complete this Affidavit and file it with the clerk along with your Application.

#### The Caption

- Case No. Enter your Superior Court Number, found on the Petition. If you are the petitioner
  filing this at the same time as your Petition, leave this blank until the clerk assigns you a case
  number.
- o **Petitioner** Enter the Petitioner's name.
- o **Respondent** Enter the Respondent's name.

#### THE OPTIONS FOR SERVICE OF PROCESS CAN BE COMPLICATED.



Before completing this Affidavit, see Packet #10, Service on the Other Party. If your case concerns <u>paternity</u>, see Packet #21, Paternity – Service on the Other Party.

#### Check

Fees for service of process if you are requesting a deferral or waiver of process fees charged by a sheriff or other law enforcement agency.

Check if (any that apply):

- o You asked the other party to voluntarily accept service, but they won't.
- It would be either useless or dangerous for you to ask the other party to voluntarily accept service.
  - Explain the situation on the lines.
- You have an injunction against harassment or order of protection against the other party.

#### OR

 Fees for publication if you are requesting a deferral or waiver of fees for service by publication. This option is <u>not available</u> in paternity cases. Before attempting service by publication, you must have tried to locate the other party and have not been able to. For more information, see Packet #10, *Service on the Other Party*, and Packet #21, *Paternity—Service on the Other Party*.

Check if (any that apply):

- You tried to find the other party
  - o Explain what you did to try to find the other party.
- You contacted people to try to find the other people
  - Write the name(s) and address(es) of the people you contacted.

#### **OATH OR AFFIRMATION**

In signing this application, you promise that everything in the form is correct. This form does not need to be notarized.

- o Write the date on the line
- o Sign the form
- o Write your name on the line above "Applicant's Printed Name"

#### INFORMATION FOR SERVICE

#### You must provide the information in this section!

 Write the other party's last known address and the most recent date you know that the other party lived there

#### ARIZONA SUPERIOR COURT, PIMA COUNTY

			Case No		
and		Petitioner	AFFIDAVIT IN SUPPORT OF APPLICATION FOR DEFERRAL OR WAIVER OF SERVICE OF		
		Respondent	PROCESS FEES		
req	uired		ement of the payment of the fees due. You may be ne. A Fee Waiver is usually permanent unless your of this court action.		
I ha	ave r	equested a deferral or waiver of the follow	ring fees in my case:		
		s for service of process by a sheriff, man port of my request, I state that (check and con	rshal, constable, or law enforcement agency: In mplete any that apply):		
		I have attempted to obtain voluntary acceptance of service of process without success on the person to be served.			
		It would be useless or dangerous for me to try to obtain voluntary acceptance of service by the person to be served because (explain):			
		An enforceable injunction against harassment has been granted to me against the person to be served.			
		ees for publication: In support of my request, I state that I have attempted to locate the person to eserved, but I have been unable to locate that person (check and complete any that apply):			
		This is what I did to try to find the other par	rty (explain):		
		I have contacted the person(s) listed below to try to find the location of the other party.  NAME ADDRESS			
I de	eclar	OATH OR AF			
Dat	te		Signature		
			Applicant's Printed Name		
		INFORMATION ast provide the following information: To the known address of the person to be served is:			



#### Instructions for Completing Order Regarding Deferral / Waiver of Court Fees / Costs

#### The Caption

- Case No. Enter your Superior Court Number, found on the Petition. If you are thepetitioner
  filing this at the same time as your Petition, leave this blank until the clerkassigns you a case
  number.
- o **Petitioner** Enter the Petitioner's name.
- o **Respondent** Enter the Respondent's name.

#### THE COURT FINDS

o Write your name on the line as the applicant

THIS IS ALL THAT YOU COMPLETE ON THIS FORM.

THE JUDGE WILL DECIDE THE ORDER AND YOU WILL RECEIVE A COPY WHEN IT IS SIGNED.

WHEN THE FORM IS RETURNED TO YOU, READ IT CAREFULLY.

IF YOUR REQUEST <u>WAS DENIED</u>, YOU MAY BE ABLE TO RESUBMIT YOUR APPLICATION.

IF YOU ARE ORDERED TO PAY FEES OR COSTS, YOU MUST MAKE PAYMENT WITHIN THIRTY (30) DAYS.

		Filing:	
A	ddres	ss (if not protected):	
C	ity, S	State, Zip Code:	
T	eleph	none:	<u></u>
E	mail	Address:	
Α	TLA	S Number:	
L	awye	er's Bar Number:	
R	epres	senting   Self, without a Lawyer or	
	l Atto	orney for $\square$ Petitioner OR $\square$ Respondent	
		ARIZONA SUPERIOR CO	OURT, PIMA COUNTY
			Case No
an	d	Petitioner	ORDER REGARDING DEFERRAL OR WAIVER OF COURT FEES AND COSTS AND NOTICE REGARDING
		Respondent	CONSENT JUDGMENT
TH	IE C	OURT FINDS that the applicant	
1.		IS NOT ELIGIBLE FOR A DEFERRAL of	fees and costs.
2.		IS ELIGIBLE FOR A DEFERRAL of fee	s and costs based on financial eligibility. As
	requ	uired by state law, the applicant has signed Ol	· · · · ·
3.			and costs at the court's discretion (A.R.S. §
		Ol	R
4.		IS ELIGIBLE FOR A DEFERRAL of fee uired by state law, the applicant has signed	s and costs based on good cause shown. As a consent to entry of judgment.
		Ol	R
5.		IS ELIGIBLE FOR A WAIVER of fees an ble to pay.	d costs because the applicant is permanently
		Ol	R
6.		(L)).	d costs at the court's discretion (A.R.S. § 12-
7		01	
7.	Ш	IS NOT ELIGIBLE FOR A WAIVER of fe	es and costs.
IT	IS O	RDERED:	
	DE	FERRAL IS DENIED for the following re	eason(s):
		The application is incomplete because	
		You are encouraged to submit a comple	te application.
		The applicant does not meet the financial of	

A deferral MUST BE granted if the applicant is receiving public assistance benefits from the Temporary Assistance to Needy Families (TANF) program or Food Stamps; has an income that is insufficient or barely sufficient to meet the daily essentials of life and that includes no allotment that could be budgeted to pay the fees and costs necessary to gain access to the court; or, if the applicant demonstrates other good cause.

		FERRAL IS GRANTED for the following fees and costs in this court:  Any or all filing fees; fees for the issuance of either a summons and subpoena; or fees for obtaining one certified copy of a temporary order in a domestic relations case or a final order, judgment, or decree in all civil proceedings and the cost of attendance at an education program required by A.R.S. § 25-352.  Fees for service of process by a sheriff, marshal, constable, or law enforcement agency. Fees for service by publication.  Filing fees and photocopy fees for the preparation of the record on appeal.  Court reporter or transcriber fees if employed by the court for the preparation of the transcript.  A DEFERRAL IS GRANTED, PLEASE CHECK ONE OF THE FOLLOWING XES:
		NO PAYMENTS WILL BE DUE UNTIL FURTHER NOTICE.
		SCHEDULE OF PAYMENTS.  The applicant shall pay \$ each (week, month, etc.), one half to the clerk's office and one half to the Sheriff's Department until paid in full, beginning
	WA	AIVER IS DENIED for all fees and costs in this case.
<ul> <li>WAIVER IS GRANTED for all fees and costs in this case that may be waived under A.R.S. § 12-302(H).</li> <li>□ Any or all filing fees; fees for the issuance of either a summons or subpoena; or fees obtaining one certified copy of a temporary order in a domestic relations case or a forder, judgment, or decree in all civil proceedings and the cost of attendance are education program required by A.R.S. § 25-352.</li> <li>□ Fees for service of process by a sheriff, marshal, constable, or law enforcement agents.</li> </ul>		
		Fees for service by publication. Filing fees and photocopy fees for the preparation of the record on appeal. Court reporter or transcriber fees if employed by the court for the preparation of the transcript.

**RIGHT TO JUDICIAL REVIEW.** If the application is denied or a payment schedule is set by a special commissioner, you may request the decision be reviewed by a judicial officer. The request must be made within twenty (20) days of the day the order was mailed or delivered to you. If a schedule of payments has been established, payments shall be suspended until a decision is made after judicial review. Judicial review shall be held as soon as reasonably possible.

**NOTICE REGARDING CONSENT JUDGMENT.** Unless any of the following applies, a consent judgment may be entered against the applicant for all fees and costs that are deferred and remain unpaid thirty (30) days after entry of final judgment:

- **A.** Fees and costs are taxed to another party;
- **B.** The applicant has an established schedule of payments in effect and is current with those payments;
- **C.** The applicant filed a supplemental application for waiver or further deferral of fees and costs and a decision by the court is pending;
- **D.** In response to a supplemental application, the court orders that the fees and costs be waived or further deferred; or
- **E.** Within twenty (20) days of the date the court denies the supplemental application, the applicant either:
  - 1. Pays the fees and costs; or
  - 2. Requests a hearing on the court's order denying further deferral or waiver. If the applicant requests a hearing, the court cannot enter the consent judgment unless a hearing is held, further deferral or waiver is denied, and payment has not been made within the time prescribed by the court.

If an appeal is taken, a consent judgment for deferred fees and costs that remain unpaid in the lower court shall not be entered until thirty (30) days after the appeals process is concluded. The procedures for notice of court fees and costs and for entry of a consent judgment continue to apply.

If a consent judgment is signed and the applicant pays the fees and costs in full, the court is required to comply with the provisions of A.R.S. § 33-964(C).

**DUTY TO REPORT CHANGE IN FINANCIAL CIRCUMSTANCES.** An applicant who is granted a deferral or waiver shall promptly notify the court of any change in financial circumstances during the pendency of the case that would affect the applicant's ability to pay court fees and costs. Any time the applicant appears before the court on this case, the court may inquire as to the applicant's financial circumstances.

DATED:	
	$\Box$ Judicial Officer $\Box$ Special Commissioner



## Instructions for Completing the Confidential Sensitive Data Form

The Caption

The Caption is the information in the upper left-hand side of the first page of each form.

• **Personal information** – Fill in your name, street address, city, state, ZIP code, and telephone number.

If you are a domestic violence victim, <u>do not write your address</u> on this form. Instead, write "Protected Address" and complete the *Request for Protected Address* packet available in Law Library

- Case No. Enter your Superior Court Number
- **Petitioner** Enter the Petitioner's name, as found on the original Petition.
- **Respondent** Enter the Respondent's name, as found on the original Petition if applicable at this time.

#### What is Sensitive Data?

Sensitive data, or sensitive information, is information that you might not want other people to see. Sensitive data includes your social security number, bank account number, credit card number, and other financial account numbers.

Court documents, for the most part, can be seen by anyone. If you need to include any of the information listed above on court documents, you should write "SEE CONFIDENTIAL SENSITIVE DATA FORM" on the document. Then you need to fill out the Confidential Sensitive Data Form. This is where you will include the actual sensitive information. This is important because the "Confidential Sensitive Data Form" will not be seen by the public.

P	erson Filing:			
	ddress (if not protected):			
C	City, State, Zip Code:			
T	elephone:			
E	mail Address:			
A	TLAS Number:			
L	awyer's Bar Number:			
	epresenting $\square$ Self, witho			
	☐ Attorney for ☐ Petitione	er OR  Respondent		
	ARIZONA S	SUPERIOR CO	URT. PIMA	COUNTY
			,	e No.
		Petitioner		
an	nd		CONFIDEN DATA FOR	TIAL SENSITIVE M
		Respondent		
A.	Personal Information:			
11.	Name		Birth Date	Social Security Number
	Petitioner:			Social Security Ivanioei
	Respondent:			
	Child:			-
	Child:			
	Child:			
	Child:			
_				
В.	Financial account numbers	•		
	Financial Institution	Type of Account	Name(s) on Accou	int Account #
	-		-	
		_		
	-	_		
C.	Pension and retirement acc	, .	and 401ks):	
	Financial Institution	Type of Account	Name(s) on Accou	int Account #
	Life insurance policies:			
	Insurance Company	Type of Policy	Name(s) on Policy	Policy #
			<u> </u>	
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